



BILINGUAL LANGUAGE ENDORSEMENT
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD
 SFN 51948 (07-2008)

Social Security Number		Date of Birth		ND Teaching License Number	
Work Telephone Number				Email Address	
Home Telephone Number					
Last Name		First Name		M.I.	Maiden Name
Mailing Address			City		State Zip (9 digit)

Prerequisite: Valid ND educator's professional license with an early childhood, elementary, middle school, or secondary endorsement.
Re-education Plan: Work with an approved education college for coursework in your educational plan and return a copy to ESPB for approval.
Endorsement Request and Verification: Once you have finished the requirements, request this endorsement be added to your license by returning the completed form to ESPB along with your official transcripts and verification of experience.
Fees: If you wish to add the endorsement between renewals, a non-refundable fee of \$75 must be enclosed. There is no additional fee to add this endorsement at the normal renewal time for your license.
Timeline: This endorsement must be completed within two years of assignment to teach Bilingual Language. This timeline applies only to the completion of the endorsement and does not change your regular license renewal due date.

Bilingual Language Program of Study

17 SH in teaching English as a second or other language preparation, plus documented proficiency in a language other than English. ESPB will conduct a review of past coursework and recommend additional studies for completion of this endorsement.		
Coursework	Completed (SH)	Needed (SH)
Foundations (4 SH)		
Multicultural education		
Foundations of second language instruction		
Linguistics (6 SH)		
Linguistics		
Psycholinguistics		
Sociolinguistics		
Methods of teaching bilingual education (2 SH):		
Assessment (2 SH):		
Minimum equivalent of 16 SH in a language other than English, or documentation of proficiency in Native American languages from indigenous language board		
	Total SH	Total SH
Field experience in ESL or bilingual education setting (2 SH)		

Signature of Applicant		Date
ESPB Review		Date
Executive Director, ESPB		Date
License Code 24500	Type of Equivalency 14	Level of Preparation 07
Plan on File Start Date:	Plan on File Expiration Date:	Plan on File Effective Date:

Submit completed form and \$75 fee to: Education Standards and Practices Board
 2718 Gateway Avenue Suite 303
 Bismarck ND 58503-0585
 (701) 328-9641 office
 (701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.



Payment/Credit Card Information

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check		Amount \$	
Name as it appears on credit card		Please sign to authorize credit card charge	
Credit Card Number		Expiration Date	3 digit CVV number on back of card